

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	1091	04-26-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date			
Final	Original			
1	12/01			
2	2/02			
3	7/02			
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
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31	0	0	0	0
32	0	0	0	0
33	0	0	0	0
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35	0	0	0	0
36	0	0	0	0
37	0	0	0	0
38	0	0	0	0
39	0	0	0	0
40	0	0	0	0
41	0	0	0	0
42	0	0	0	0
43	0	0	0	0
44	0	0	0	0
45	0	0	0	0
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Claim	Date			
Final	Original			
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Claim	Date			
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If more than 150 claims or 10 actions
staple additional sheet here

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